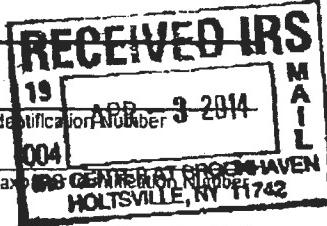


APR-15-2014 15:31

P.21

## Collection Information Statement



Name(s) and Address  
James D. Pieron Jr.  
Churchill Blvd.  
Mt. Pleasant, MI 48858

Your Social Security Number or Individual Taxpayer Identification Number

If address provided above is different than last return filed,  
please check here

Your Spouse's Social Security Number or Individual Taxpayer Identification Number

County of Residence  
Isabella

Your Telephone Numbers  
Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Cell: \_\_\_\_\_

Spouse's Telephone Numbers  
Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Cell: \_\_\_\_\_

Enter the number of people in the household who can be claimed on this year's tax return including you and your spouse. Under 65 \_\_\_\_\_ 65 and Over \_\_\_\_\_

If you or your spouse are self employed or have self employment income, provide the following information:

Name of Business	Business EIN	Type of Business	Number of Employees (not counting owner)
------------------	--------------	------------------	--

**A. ACCOUNTS / LINES OF CREDIT** Include checking, online, mobile (e.g., PayPal) and savings accounts, Certificates of Deposit, Trusts, Individual Retirement Accounts (IRAs), Keogh Plans, Simplified Employee Pensions, 401(k) Plans, Profit Sharing Plans, Mutual Funds, Stocks, Bonds and other investments. If applicable, include business accounts. (Use additional sheets if necessary.)

Name and Address of Institution	Account Number	Type of Account	Current Balance/Value	Check if Business Account
PNC Bank	7597	Checking	108	<input type="checkbox"/>
				<input type="checkbox"/>

**B. REAL ESTATE** Include home, vacation property, timeshares, vacant land and other real estate. (Use additional sheets if necessary.)

Description/Location/County	Monthly Payment(s)	Financing		Current Value	Balance Owed	Equity
None		Year Purchased	Purchase Price			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Other		Year Refinanced	Refinance Amount			
		Year Purchased	Purchase Price			
<input type="checkbox"/> Primary Residence <input type="checkbox"/> Other		Year Refinanced	Refinance Amount			

**C. OTHER ASSETS** Include cars, boats, recreational vehicles, whole life policies, etc. Include make, model and year of vehicles and name of life insurance company in Description. If applicable, include business assets such as tools, equipment, inventory, etc. (Use additional sheets if necessary.)

Description	Monthly Payment	Year Purchased	Final Payment (if any)	Current Value	Balance Owed	Equity
Car (VW)	0	2011	/	25,000	0	25,000
Navitus Investments	0	2010	/	1,000	0	1,000
Kompuque, Inc.	0	2010	/	250,000	0	250,000
Used fitness equipment	0	2011	/	20,000	0	20,000
			/			
			/			
			/			

NOTES (For IRS Use Only)

GOVERNMENT EXHIBIT  
47

TURN PAGE TO CONTINUE

APR-15-2014 15:31

P.22

Page 2 of 4

**D. CREDIT CARDS (Visa, MasterCard, American Express, Department Stores, etc.)**

Type	Credit Limit	Balance Owed	Minimum Monthly Payment
None			

**E. BUSINESS INFORMATION** Complete E1 for Accounts Receivable owed to you or your business. (Use additional sheets if necessary.) Complete E2 if you or your business accepts credit card payments.

**E1. Accounts Receivable owed to you or your business**

Name	Address	Amount Owed
None		
List total amount owed from additional sheets		
Total amount of accounts receivable available to pay to IRS now		

**E2. Name of individual or business on account**

Credit Card (Visa, Master Card, etc.)	Issuing Bank Name and Address	Merchant Account Number

**F. EMPLOYMENT INFORMATION.** If you have more than one employer, include the information on another sheet of paper.  
(If attaching a copy of current pay stub, you do not need to complete this section.)

Your current Employer (name and address) Institutional Liquidity LLC [REDACTED] Grand Rapids, MI 49546	Spouse's current Employer (name and address)
How often are you paid? (Check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-monthly <input checked="" type="checkbox"/> Monthly	How often are you paid? (Check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly
Gross per pay period 7,500	Gross per pay period
Taxes per pay period (Fed) 1,000 (State) 500 (Local) _____	Taxes per pay period (Fed) _____ (State) _____ (Local) _____
How long at current employer 4 yrs	How long at current employer

**G. NON-WAGE HOUSEHOLD INCOME** List monthly amounts. For Self-Employment and Rental Income, list the monthly amount received after expenses or taxes and attach a copy of your current year profit and loss statement.

Alimony Income	Net Rental Income	Interest/Dividends Income
Child Support Income	Unemployment Income	Social Security Income
Net Self Employment Income	Pension Income	Other:

**H. MONTHLY NECESSARY LIVING EXPENSES** List monthly amounts. (For expenses paid other than monthly, see instructions.)

1. Food / Personal Care See Instructions. If you do not spend more than the standard allowable amount for your family size, fill in the Total amount only.	3. Housing & Utilities	5. Other
Food 1,000	Rent 1,200	Child / Dependent Care
Housekeeping Supplies 200	Electric, Oil/Gas, Water/Trash 400	Estimated Tax Payments
Clothing and Clothing Services 200	Telephone/Cell/Cable/Internet 500	Term Life Insurance
Personal Care Products & Services 200	Real Estate Taxes and Insurance (if not included in B above)	Retirement (Employer Required)
Miscellaneous 100	Maintenance and Repairs	Retirement (Voluntary)
Total 1,700	Total 2,100	Union Dues
2. Transportation	4. Medical	Delinquent State & Local Taxes (minimum payment)
Gas/insurance/Licenses/Parking/ Maintenance etc. 500	Health Insurance	Student Loans (minimum payment)
Public Transportation	Out of Pocket Health Care Expenses 50	Court Ordered Child Support
		Court Ordered Alimony
		Other Court Ordered Payments
		Other (specify)
		Other (specify)
		Other (specify)

Under penalty of perjury, I declare to the best of my knowledge and belief this statement of assets, liabilities and other information is true, correct and complete.

Your Signature [REDACTED] Spouse's Signature Date 27-MAR-14